

Best Practices in Child Care Health Consultation

Nydia Ntouda: On today's webinar, we have some amazing presenters. I'm going to allow them to introduce themselves, starting with Kim. Take it away.

Kimberly Clear-Sandor: Thank you, Nydia. And welcome everybody this afternoon, morning, mid-afternoon, depending on where you are across the country. It's great to see all the locations everyone's from and saying hello in the chat. We're so happy you chose to spend your time with us today to talk about best practices in child care health consultation.

We all know that child care health consultants can influence children health and well-being in a variety of ways. But there's so much difference across states, tribes, territories, where health consultants can take on different roles, do different work, and even work within different early childhood systems. There's different ways that CCHCs can be funded. There's different professional development and workforce support for them, depending on where you are across the country.

Oftentimes, we get many questions about this at the National Center for Health Behavioral Health and Safety. We hope in today's webinar, you have a chance to hear from three different consultants talking a little bit about their work and how it relates to the national standards and competencies around child care health consultation.

As Nydia mentioned, we hope you can connect with each other in the chat. It's so much fun to find others that are working in the field of health consultation, or even those that may be working with a health consultant, a director or manager, health manager, that might be using a health consultant and thinking about how they can really fully use their expertise, knowledge, and skills.

As we go through today's webinar, use that chat. Remember to use that Q&A because we'll leave some time for that at the end. My name, next slide please, my name is Kim Clear-Sandor. I am a nurse and a family nurse practitioner and have been a child care health consultant for over 15 years, working in a couple of different states and also working with the National Center on Health, Behavioral Health, and Safety for about nine years now.

I am so excited to be joined by my colleagues in the health professions today who also do health consultation and will be sharing their experiences with you. Mercedes, you want to say hello?

Mercedes Gutierrez: Hello, everyone. My name is Mercedes Gutierrez. I am also a senior training and technical assistance associate with the National Center for Health, Behavioral Health, and Safety. I've been in early childhood education for over 10 years, both as a health manager and as a child care health consultant. Jennifer, do you want to introduce yourself?

Jennifer Lipman: Yes, good morning on the West Coast. I was excited to see some names I recognized and some new programs that I'm looking forward to getting to know. Like Kim, I am also a registered nurse and I'm a pediatric nurse practitioner. I've been working in the field of early care and education health and safety for almost 25 years now.

I began my tenure as an independent child care health consultant with a Head Start program that was going through Early Head start expansion and including services to pregnant women. That's how I got started. And as I did it, my work grew to include a number of other early childhood education programs, mostly Head Start, but others. Then in '07, I took a permanent position with a large Head Start recipient in Los Angeles County and have been there until I transitioned to the work with the National Center this past fall as a health and safety subject matter expert, which I'm excited brings me with you today. Back to you, Kim.

Kim: All right, thank you so much, Mercedes and Jennifer. I'm so happy that you're here. You'll be continuing to do the Health Consultant Quarterly Webinar Series with us moving forward to bring to all of you such diverse background and expertise in the area. Next slide.

What are we doing today? Today's presentation is really an opportunity to discuss child care health consultation, and think about the h consultant, and how the health consultant understands their role, and how they can be effective in performing and supporting early childhood programs. We're going to talk about health consultants and early childhood systems.

We're going to talk about figuring out that scope of practice, depending on your state and systems you work within, as well as considering those nurse practice laws or other health professional licensure laws you may need to know. And we'll also talk about different ways that health consultants can support early childhood programs. Next slide.

I'd love to start just with the big, broad picture about what do we know about child care health consultation. And I want everyone to keep this in mind as we think about, either your own professional role as a health consultant, what are actually doing? What expertise and skills can you bring to your work, as well as if you're someone who works with a health consultant? You can think how you can best maximize and get their most out of that health consultant so they can share with you all their knowledge, skills, and expertise.

We actually know there's been a lot of research that's done that shows that health consultants are really important resource for early childhood programs. They show that nurse consultants can help bring evidence-based information to create training and professional development for staff, that health consultants can support onboarding new staff, onboarding new leadership, beginning to think about the role and how they can work together.

Health consultants also advance program quality through policy and procedure development, training, and implementation. The breadth and depth of their work is really quite large. Next slide, please. When I keep saying, what does that mean? There's so many different things that a health consultant can do. I hope the next couple of slides really try to give you that landscape of what health consultation is and what can health consultants do.

Because of that wide variety across the country, because every state has their own child care licensing regulations, when we talk about child care health consultants from the National Centers' perspective, we look at the widely-accepted definition provided in Caring for Our Children.

Caring for our children is the National Health and Safety Standards for Child Care. They are voluntary standards, but they are evidence-based and informed and reviewed by a lot of

different panels. We really look to them for that definition. In general, that definition shares that a health consultant's a licensed health care professional who works with early childhood programs to promote health and development of children, families, and staff to ensure healthy and safe child care environments.

They have education and experience in child and community health, and early care and education, quite specific knowledge there. Health consultants, like other consultants that you might use that specialize in mental health or dental health, health consultants really bring trusted expertise and specialized expertise to the programs that they work with.

The role of the consultant is really to promote and support. They are not in a disciplinary role. They are not there to look for any things that are going on. It's a supportive role to think together about how you can best provide services to children and family.

In summary, I have on the slide, they're usually health professionals. They have knowledge around child care rules and regulation. They integrate health into that early learning system. Next slide. How about all of you, just curious from our audience out there. Olivia, if you can go ahead and launch that poll. I'd love to hear, those of you that are health consultant or work with a health consultant, can you let us know what health care license do you hold? I'll let you go ahead and take that poll.

Our options that we have listed are LPN, RN, APRN or nurse practitioner, an M.D. Perhaps you're not a licensed health care provider. For the other, we did put other, go ahead and put it in the chat. We know we never capture everybody, so we love to just see what folks are that we're not including.

We have Rachel is a dietician, an MPH, excellent, a couple of those, mental health coordinators, CMA, phlebotomist, social work, couple medical assistants, they're going by fast. But I hope you can look at that chat and go ahead and close that poll, Olivia, and let's see those results. When you look at that diversity in the chat of all the people supporting health and safety, we know health and safety is a big topic. It does take everyone's participation.

In addition to what's in the chat, we can see that the most popular license is an RN, followed by an LPN. We do have a couple of APRN, nurse practitioners, and a couple physicians with us, as well as a nice mix of non-licensed health care folks. I think it's really important to keep in mind, whether you are a health consultant networking with other health consultants, or you're a health consultant in a program working with a health consultant.

Because depending on what expertise someone's bringing to the table, they're going to have a different understanding of the early childhood program, as well as a different understanding of health around children in the context of early childhood program. One's not better than the other. They're just different. It's important to just always know that.

As a nurse consultant, I have learned so much talking to my teachers in the classroom about why they do what they do. It's probably one of the most special parts about working with programs, is really understanding the expertise and the thought that goes into the early childhood, early care and education programs. Thank you everyone for sharing that. Next slide.

This is our competencies. We created Child Care Health Competencies to really kind of dig in and further understand and define Child Care Health Consultants because of that breadth and depth. We created this document for programs that are serving infants, toddlers, preschoolers, school age. They can work in any sort of a system.

We really tried to make them broad, so that states and systems could then individualize them, but that they would be a starting point really based on some best practices. What we did is the beginning of the competencies is area called general areas of expertise. And these are areas around consultation skills, understanding your role, things around that.

The second chunk of the competencies is on those subject matter expertise. What are the specific health and safety areas that are really specific to that early childhood environment? How can a health consultant support programs in those different areas?

What's really cool about the competencies is it's kind of like the opportunity to walk into a program with a consultant and say, here's the competencies, how do you do that? That's how the competencies are written. They're really written and what does it look like when a health consultant is actually executing that competency in a program? They're meant to stay broad, and not every state will have health consultants doing all of them. But it's a really important starting point for health consultants to begin to understand their role. So next slide.

With that in mind, we'd love to hear, what areas in those competencies are familiar to you? If we can launch that first poll. It's actually a two-part poll. You have to answer a question one, and then there's a little gray bar, you just pull that down, and then you can answer question two.

We're really looking to hear what competencies, or what parts, that we have in the competencies that align with your work, so policy and procedure, health education and training, reviewing health forms and immunizations, resource and referral, illness and infectious disease, children with special needs, med admin.

Then scroll down to that second question. We have safety and injury prevention, emergency preparedness, nutrition, oral health, environmental health, staff health, and then we put in other because there's things that may not be captured in those competencies, despite being very comprehensive for health and safety. Feel free to type anything in the chat that you think of that's in your scope of work that might not be captured there.

We'll let those come in for another 30 seconds or so. I did see someone asked about the competencies, where can they find. Then they are part of your resource list. As Nydia and team share that resource list in the chat, please feel free to click on that, download it. It's going to have all the stuff we talk about today. It's going to be captured on that resource list.

Please check that out. You'll find it is on the web, on the Early Childhood Learning and Knowledge Center, or the ECLKC. If you just type in child care health consultant competencies, they'll probably pop up.

OK, let's show those to the audience, Olivia. It looks like policy and procedure is a big winner, as well as training. And you guys can see the results, I'm just going to keep going. safety and injury

prevention, EPR, oral health, I love to see that that's big as well, as staff and staff health and wellness, which we know right now, is so critical for everybody in early childhood.

Thank you, Nydia, for popping that in the chat. OK, next slide. I'm going to get.

Mercedes: Kim, there's a question in the Q&A that says, "Do you have a tool to evaluate how the CCHC meets the competencies?"

Kim: That's a great question. When you look at the actual competencies, it shows you what it would do, what it would – I wish I had a screenshot. On the competency link that Nydia has put in the chat, when you open it, there's like a little paragraph at the top talking about the competencies. There's a link that says, "Competencies at a Glance." And you can actually open that up and look at that while you're reading the – because it makes it into a page and a half, instead of however many pages of competencies are, and go through and mark, where are your areas of strengths and weakness, and what areas you might want to expand upon. But that's as close as we come to like a self-assessment tool, is that "Competencies at a Glance."

I think that, even in using it that way, you'll be able to highlight and identify some areas of strength that you might want to or areas you might want to further explore. We also heard, sometimes, competencies are used to develop job descriptions. I think that's a really interesting use of the competencies as well, as well as checking in every year. What are the areas I want to continue to explore?

The link doesn't seem like it's working. Nydia will check that out, I know it. You'll have a working link soon, I'm sure. Thank you, Mercedes. Let's keep going. Slide number, you can go on to the next slide there. Here we go. OK, health competency number one.

We'll take, I guess we will take a little look at what they look like, has three parts to it. The first is understanding the role of the health consultant. The second is develop and execute a collaborative process so that, hopefully, when you're working with someone you can be most effective and most supportive as possible. Then the importance of communication, so that when you're working with your programs, that you're strengthening and building, not only your relationship, but also your knowledge of each other about each other's work and how you can best support each other. OK next slide.

Let's meet us that's on the team here today. I would just love to kind of dig into this first part 1A about how does a health consultant demonstrate an understanding of the role of the health consultant, which as you can see from the way it's written on the slide, is that the health consultant understands the need for and qualifications of a health consultant, including these different systems state, local, tribal, and agency-specific regulations.

Let's toss this over to Mercedes for a minute. Mercedes, can you tell us a little bit about your background as a health professional. Then what are some of the systems that you work in as a health consultant?

Mercedes: Sure. I am an MD, MPH. I actually started with Head Start as a health manager for a licensed child care center. I needed to know state licensure regulations in my first role. The first program that I worked for was an Early Head Start home visiting model. That, then, changed to

a center-based Head Start program, so needed to understand all of the performance standards for both types of programs.

Then, because of all of my experience in going from an Early Head Start home visiting model, to a center-based program, I was asked to work as a child care health consultant for a program that was an Early Head Start-Child Care Partnership.

For those of you that don't know what that is, that's taking all of the wonderful things about Head Start, Early Head Start and sharing them with local child care partnerships, and kind of training them and getting them on equal standards. Again, needing to know both federal standards and regulations and state and local regulations to do the work that I've done.

Kim: I think that word aligning, right, is a great word. When you talked about all the different systems you're working in, but figuring out if this one requires this and this one doesn't, and then that one requires this, and this one doesn't, because you have to comply with all of them, have to really bring everybody to that same the highest level amongst each system.

It sounds like you had a lot of figuring out to do there, Mercedes. Jennifer, can you tell us a little bit about your background and programs you've worked with? I know you said a little in the beginning.

Jennifer: As I shared, I came in as a registered nurse and a certified pediatric nurse practitioner. I remember when I started, I worked mostly with Head Start programs, one in particular, and then it grew from there. The Head Start performance standards were the first regulations that I started with. Then since my programs were located in California, I then also utilized the California state licensing regulations.

Then from there, I did consult for a few private programs that were seeking accreditation through the National Association for the Education of Young Children, or NAEYC. I needed to know their use their standards to see where child care health consulting and their health and safety standards were. Then lastly, no matter what program it was, I also made sure that I was working with their policies and procedures, any guidance from their Boards or their Health Service Advisory Committees, that, like Mercedes shared, would be above and beyond what the other regulations had. There was always a lot of moving parts for every program.

Kim: I think, just listening to both of you then, there's not just one system you're working in, right? You have the accreditation system, you might have federal standards, state standards. There's not just one book you open up and can do and follow those. It really is having an understanding of the different places and kind of weaving it together.

That was really my experience, too, as a nurse and a family nurse practitioner. I worked with children and families in underserved areas as a health care provider. When I switched to teaching nursing students, we actually brought the students into Head Start programs to help with heights and weights and some educational programming.

That was my first glimpse into even understanding there was more to early childhood than some place that your children went for the day, but really understanding all the wonderful things that can happen in an early childhood program for child development.

Then I started as a medication administration trainer and then from there I became a consultant. And I worked in New York City and Connecticut. They both have very different ideas of what a health consultant is. In Connecticut, if you have infant toddler programs, you're actually going in every week to see children.

Whereas, in New York City, you have a different requirement based on whether or not your program is administering medication, and then what are those ages. Two different systems, but doing a lot of the same work, just doing it in a little bit of a different way.

But in both states, they both wanted to have an NAEYC accreditation. Although they had different state regulations, and actually in New York City, they had New York City regulations on top of the state regulations, you also had those NAEYC standards on it. Again, many different places to look, not only for my role, but to understand what were the expectations around health and safety that you had to minimally meet with the regulations and then try and move forward moving towards that high-quality practice.

Mercedes: It sounds like so much of our roles deal with the regulations, the system, you hear, all of us said regulations, at least 10 times during our explanation. We're dealing so much with regulations. Can I ask you, Jennifer and Kim, before you got into your role as a child care health consultant, how much of these regulations and systems were you familiar with and knew prior to starting?

Jennifer: I'll share. 25 years ago, I started with a Head Start program. They handed me the Program Performance Standards. It was up to me, really, to go through them, understand them, and then look for more guidance. Either there wasn't as many, or and probably I wasn't familiar with where to find the resources, there was definitely, to me, not the breadth of resources that are available now, many of which we're going to go over today, listed on our resource list.

It's exciting to see how the field has grown and the support that's out there. What I did was, I right away started networking and looked for other child care health consultants in my state. From there, I was able to learn about training and certification as a consultant in California through the California Training Institute, which was a program up at the University of California San Francisco, and designed to support health, safety, and early care and education linkages in California.

The curriculum was based on the National Training Institute and then individualized for our state and our state licensing, as we discussed. That's kind of where I learned more. As you learn, you learn there's more to learn. I even got the opportunity to train for them and teach others. Again, fortunately for others that are in the field, there is now many resources available.

Mercedes: Right. Yeah, that's definitely a lot of resources available. Kim, did you want to respond? Were you familiar with these regulations prior?

Kim: Yeah, oh no. Like I didn't even know that was a thing, actually. When you're a health provider working in a clinic or a hospital, you're just doing your nursing care. You're not, necessarily, thinking about what are the regulations around choosing a product for the disinfecting, sanitizing that's happening across the whole hospital? You're there using products and working within that system.

I started out as a medication administration trainer and that was really my first forte into understanding that there were regulations that guided what people could and couldn't do in early childhood programs. From there, I was lucky enough, back in the early days of healthy child care America, that we had a consortium in New England called, Healthy Child Care New England. We had Healthy Child Care Connecticut. I actually was able to go to the training that we could bring training back to our state to train other child care health consultants.

It was through that process that I really learned more, and more, and more. I think it's so important for folks that are bringing health people into the early childhood system to realize how foreign it may be to understand that there's regulations and all these things that folks need to look at. I didn't have a clue.

Mercedes: I think the best way, I think we all touched on this, that understanding the regulations that apply to the program is very, very important, making sure you understand state, local, tribal, federal regulations that need to be followed. But the best way to do this is to build that collaborative relationship with your program in order to understand their needs, understand where they're going. Kim touched on NAEYC accreditation. We'll talk about that a little bit more, but just understanding where they want to go, what regulations you need to in order to help get them there, as a consultant.

Next slide, please. When we talk about the child care health consultants, across the country, you'll see that there's a wide variation. Jennifer talked about some of the differences that are in California. And then you'll see, on the East Coast, we have different systems, different ways in which child care health consultants are integrated into the early childhood education system.

What we want to emphasize here is that it's not a one-size-fits-all. Although we are talking about child care health consultant at the National level, it's best to understand what is really needed from you in your role at the state level, and the local level, and within those territories and tribal systems that you might work with. Jennifer mentioned this, also, in her evolution as a child care health consultant. It's really, really important to find support for you for the workforce within your state, even maybe within your region.

Find that support system where you can get additional training. Also, figure out if there is a system within your state that connects ECE programs to child care health consultants. And through these main factors, this is where you'll see that within each state, within each region, there's a little bit of difference in the child care health consultant system.

We're going to go to, next slide, another poll. And we're going to bring this poll up and just ask, what systems or standards apply to the work that you're doing? I know some people here are our child care health consultants, already. Some people work with child care health consultants. You work with programs, different programs. Which of these systems or standards do you look to guide your work and your consultation?

We see there's state licensing up there, the QRIS different training systems. Training systems, just for example of that, in Pennsylvania, we have Keystone Stars that trains early childhood education center staff on different health-related topics.

We have partnerships with other consultants, NAEYC, Head Start. If there's another system or standard that guides your work, please type it in the chat and share with us. Just taking a look at the chat, sorry. OCFS, I see QUALITYstars, CFCO, Caring For Our Children, is definitely a big one. I think we can stop that the poll now. But just taking a look at the poll, we have the majority of people here that are allying with Head Start standard, 52%, with Child Care State Licensing next in line.

They kind of go hand-in-hand. Some programs are licensed, some are not, but a lot of times we're going with Head Start, and then your state licensing, and then other quality improvement systems. I'm going to go to the next slide, please. Oh, I'm sorry.

We discussed some of the early childhood regulations and standards that guide the required work of child care health consultants. But we also understand that we kind of threw a lot out there. You need to know state. You need to know local. You need to know federal, all of these regulations that you need to know.

Fortunately, the National Center on Early Childhood Quality Assurance, NCECQA, I wanted to say the full name before I gave you the acronym. They created this brief in April 2021. This gives you an outline of all of the regulations that are needed to be followed per state.

I know Nydia is going to share this link in the chat, but you can take a look at this brief. And look up your state. See if you can find a link to the different regulations that your state is guided by. It's a great place to start to begin to learn about what is required of you in your role as the child care health consultant in that state. Next slide, please.

You will find the specific state child care licensing regulations in this National Database of Child Care Licensing Regulations. We're going to share this link, as well, but this, specifically, lines out the requirements about the child care health consultant role, the responsibilities. And all of the things that are needed or expected from the child care health consultant is spelled out by state to state.

Some of the information that you might find related to your role is what types of centers actually need consultation, how often you are required to visit, and how long you are required to stay during that visit, what type of activities they expect a child care health consultant to do, such as review program policies and procedures, the medication administration training, as Kim mentioned, or development of care plans for children with special health care needs.

In addition, through this link, you'll find the minimum health and safety requirements for child care programs. Next slide, please. We talked about the Quality Rating and Improvement System. It's a type of STAR rating for early childhood programs in states.

Different programs use this to guide their program in creating quality policies and procedures and create different standards related to health and safety. There are some programs that will utilize these standards as a review or an assessment to see where their program lined up.

Then you, as the health consultant, would be able to help them achieve the different standards or make suggestions for change in different activities that they can do. This could include conducting a health and safety assessment, reviewing the health records of the children within

the program, establishing new health and safety policies and procedures for the program that they need support with.

A lot of programs utilize this to make their programs better, bring their programs up to certain standards. You, as the health consultant, can really help them and support them in getting there. Next slide, please. The National Association for the Education of Young Children, NAEYC, or NAEYC, I've heard it said a lot of different ways, has several standards for quality improvement for early learning for all children birth through age 8.

They connect the programs with this accreditation, they connect you to policies, and procedures, and practices that really, really are high level, high-quality standards. As a health consultant, anyone who is looking to be NAEYC accredited, would have to follow all of these standards that are broken down in Standard 5.

You'll see that a program that wants NAEYC accreditation, or is NAEYC accredited, will have to have an agreement, a written agreement, with a health consultant who is licensed or has the specific training of health consultation. They also have to have that health consultant and visit at least two times a year if they're serving children older than 2.

If they are serving young children, like infants and toddlers, they have to visit at least four times a year. Then this health consultant, there should be logs that the health consultant has observed program practices, has helped to evaluate policies and procedures, provides training and oversees the health and safety for the program.

The NAEYC accreditation really utilizes child care health consultants. There are many programs that aren't NAEYC accredited, but it really helps them bring high-quality standards to their program. This is something that you, as a child care health consultant, could suggest for programs that you work for. It's something that you can help them achieve. Next slide, please. Jennifer, I'm going to hand it over to you.

Jennifer: OK. Thank you, Mercedes, so much. We've just explored a number of different systems, and roles, and responsibilities for a child care health consultant, but we also want to look at funding. You kind of alluded to that as you talk about the different systems. Our next poll, if you want to open it up, asks you who pays for your services if, as a participant today, you are working in that role and receiving compensation, where is that coming from?

Maybe as we do that, I can ask Mercedes and Kim to share some of who pays for your services or who has in the past.

Mercedes: Sure. For me, Jennifer, as predominantly working with Head Start programs, the grant pays for the services. It's usually written into their budget. They budget for consultation services, and then also, working with private childcare centers, would come from parent tuition.

Jennifer: Kim?

Kim: Yeah, but that's the same for me with child care programs, mostly from parent tuition. One of the programs I work for is part of a national chain. I don't know how they distribute the money that they get from parent tuition amongst their leadership and staff, but definitely with a small child care programs that I've worked with, it's come from money collected through

parent tuition and then budgeted out, an annual amount budgeted out, for me to come in and, not only do the consultation, but also training.

In New York, they have a scholarship, a fund that can help pay for some of the training. In the New York MAT program, and I believe they do some in the Family Child Care Health and Safety Program, where they actually have vouchers, the person, if they're paying for a training themselves, they can get money back, as well. Sometimes there's those little things to look for in your state that support your individual providers in getting training or your programs and having you come in to do training. But mostly, parent tuition.

Jennifer: Thank you, Kim and Mercedes. We look at our results, those answers are similar for me, also. I think our poll shows us where there's, of course, grant funding seems to be primary, but our local resource and referral agencies, also probably other grants besides Head Start grants, local health department, and then the child care center, themselves, and then some others and that are, hopefully, you guys are typing into the chat box.

I know for me the one different one that I had was, it also depends on your state licensing, and what they require, and how things are funded. In our area there wasn't the funding, but programs got together and decided, as a group, to apply for a grant to pay for child care health consulting to support those programs in that grant. That lasted for a while.

Those were for state-funded programs. That was kind of a locally-designed way to be able to leverage these resources. Thank you for that information, everybody. I'm going to have us go to the next slide.

Kim: I was just noticing in the chat, a couple of folks said that their role was state-funded, and another one said that county-funded, kind of like what you just said, how you came together and applied for a grant together. Some folks, I see there's a Smart Start North Carolina Partnership for Children was able to get funding.

Again, I talk about the wide variety of that breadth and depth of work that you can do, also about how that work can be funded. If you can get to figure out some of the landscape in your state and those systems, there may be opportunities either for you to go for those grants, or to participate in a grant that's there. Good stuff in the chat, folks, really pay attention to that.

Jennifer: Thank you, everyone. OK, we did Competency 1A, that looked at the role of the child care health consultant, but now we're going to move into 1B, which talks about developing and executing collaborative process for effective consultation. I heard both Mercedes and Kim allude to the importance of collaboration and building and leveraging those relationships with the early childhood education programs that you work with.

This includes the administrators that you may have a contract with, but it also includes any of the other staff, your educators in the classroom, or your home visitors. The more that we can work together, what happens is, we still provide our expertise, but it really helps build their self-efficacy and capacity building so that they can manage these activities on their own because you may not always be there day-to-day.

Those are the day-to-day people working with our children and our families. The more that we can make sure that we can build those skills, all the more effective our work will be. Next slide.

Then standard 1C builds on that and addresses the actual communication approaches that strengthen those relationships and help us work more collaboratively.

They should be culturally-responsive and strength-based just as most of our work, we talk about those characteristics. It's important that a child care health consultant takes the time to learn about the program, or the many different programs that they're working with, get to know the program, the staff, the families, and what's unique about that program.

As you work with the program, especially during training or providing observation results, you know your audience. This is something that I appreciated early on because, as you heard, I began my career as a nurse practitioner. I was doing a lot of training with medical students, residents, other nurse practitioners. Then when I transitioned to this, I needed to learn that I needed a different voice. I needed a different context for how I shared things. I needed simpler language that didn't sound so overwhelming.

I so enjoy the training that I do with the providers, but I really make sure that I know my audience. Mercedes, can you provide us an example from your work that illustrates communication and consultative processes and maybe how that intersects with the regulations.

Mercedes: Thinking about all of the regulations that I kind of breezed through, the QRIS, the NAEYC accreditation, all of those regulations remind me of a program that I consulted for where they needed to get to a higher standard. They wanted to start following some of those higher level quality regulations. When I did my observation, I found that they were storing all of the medication for the students in the entire center, they were all being stored in the director's office in a locked filing cabinet.

Using a collaborative approach, and using the right communication, I had to explain that the best practice for storing medication was really to store them in the classrooms, store them in a lock box. The consultative process didn't stop with just telling them what was wrong. I had to, then, help them work with buying the right materials, identifying which lock boxes to use, identifying the right places in each of the classrooms to store the medication, helping them develop policies and procedures related to that. It doesn't just stop with telling them what's wrong. It's really helping them work through the whole process together.

Jennifer: OK, thank you, Mercedes. Following up on that, I'm going to ask us to move to the next slide. I would like to share, let's see, next slide, I'm sorry. OK, thank you. I'm going to share another great resource that I wish had been available when I started. Again, it's on your resource list. It's found on the Early Childhood Learning and Knowledge Center.

What this is a series of learning modules for child care health consultants, developed by the National Center a while ago, and they're interactive and use realistic scenarios, similar to what Mercedes just shared, to help child care health consultants and those working with them to understand the early childhood education environment and strengthen those essential collaboration, communication, and relationship skills that we just talked about.

I'm going to quickly explore one of those modules with you where we have two scenarios, and then two different child care health consultants. What I'm going to ask, and I can't see the chat box while I read, Mercedes and Kim, help me. I'm going to ask you to listen for what's working

well and what you're hearing about collaboration and communication, and maybe some strategies that may not be the ones we want to select. I don't know how to say that.

Please, enter those in the chat box. I'm going to go ahead and read those to you real quickly. However, I do encourage you after this, to go back and actually go into the module and click around yourself. Because it's really, really nice way to learn, but if I do it now, we'll get lost in all the clicking.

The first one is Anne. Anne was asked, she's been a child care health consultant for three years. She works with a variety of programs. She works really hard to get to know the director and the staff in her programs and learns about their successes and concerns. One of the experiences she had was looking at their playground and a concern she had when she made the observation.

The director at a program Anne supports is concerned about the safety of her playground after two children were injured on a wobbly bridge. Anne and the director walked through the playground together to identify areas of immediate concern, like the bridge, and discuss together how teachers can address them right away.

The director accepts an offer to reach out to a certified playground instructor to inspect the play structures and together they create a plan to train the staff to conduct daily playground checks, respond to hazards, and use hazard mapping to find problem areas. What do we have in the chat, Mercedes, that we can share about what was working well with?

Mercedes: Nothing in the chat, but what I noticed right away was, that they said that there were two incidents where children got hurt. Utilizing data, those incident reports that you can get from your program to see where the issue is. They engage the director in helping them identify the problem by doing the walk through together. Then you're not always responsible for knowing every resource possible as the child care health consultant, but Anne was able to identify a local resource she knew.

She was able to connect that program with a local resource that could do that playground inspection. I think that's really important to have those resources on hand, if possible. If not, you're going to do some digging around and find what's best for your program. Additionally, I think that Anne really did a good job on planning how to move forward.

What is that action plan, a collaborative action plan, that her the director could do, which was make a training plan, do daily health playground checks, and respond to any of these incidents or hazards immediately, and offer this ongoing training. Anne did a really good job here as a child care health consultant.

Jennifer: Thank you, Mercedes. I really heard that partnership. I felt like Anne and that director really were working together. That director valued her information. I can see that they were already moving forward, too. I'm going to ask that we move to the next slide. We're going to look at an event, or a consultation event, where Leah was asked to help.

Leah has worked with a variety of Early Head Start programs during her five years as a consultant. She really focuses on ensuring that her programs meet their state regulations and

National Standards for Health and Safety. She sends regular emails with updates about health and safety issues.

She was asked when she was visiting, they wanted her to inspect their first aid kits. The teachers are leading their circle time in the classroom with the students while Leah is there. Leah asks a teacher to show her where the first aid kit is stored. The teacher steps away from the circle to show Leah the kit.

Leah finds that several first aid items were missing and interrupts the same teacher a few minutes later to explain that the items must be replaced immediately. Leah then informs the director that the teacher is not stocking the first aid kit appropriately. Again, if there's anything in the chat box, Kim or maybe you can share how you might have approached this scenario a little differently.

Kim: I love that Anne wrote, I do believe she should not have interrupted the teacher, which I love.

Jennifer: Thank you. Thank you.

Kim: It's the first thing that I think a lot of us see is that this is all about Leah's agenda. That understanding of what's happening in that classroom and what her presence might do to the normal course of events going on in the classroom, is a huge distraction and an interruption.

This was all about her going in, doing what she needed to do, and pulling the teachers so she could get done what she needed to have done. She just says, this is what's wrong. This is how you have to fix it. To build that collaborative approach, it's really about understanding, when's a good time to come in? Review the policy and procedure before you go into the classroom

You know what should be in the first aid kit. What's the expectation on how and when it gets restocked. Make a note, this isn't an emergency thing that you have to handle right in this moment. Make a note. Go back to the office, talk to the director, talk to the teacher, get the stuff for them, and bring it back to the classroom, and find out if it's OK if you fill the first aid kit for them.

Thinking about how you do this with, I think it's so important that we remember, as consultants, our job isn't to fix, our job is to support the program to always continue to be able to do all this stuff and not need our support. It's how do we get this so it's an ongoing, how can we create the capacity of the program to ensure this safety is always in place?

I see everybody commenting in there about the first aid kit, and not leaving children unsupervised, and really being aware of that. But you can see that might be a mistake that a consultant might make if she says you have an hour, I need you to do these five things. Then she just goes in, or she or he may just go in and just try and get it done.

But it can really actually damage that relationship, as you're not seen as a support, you're seen as somebody who may be actually not helpful in making your job a little harder.

Jennifer: Thank you, Kim. I agree. I think, in Leah's defense, she lasered in on what she was doing. You're right, didn't think about some of these other skills that I really encourage. It sounds like a lot of us already are familiar with them, but to dive deeper into those resources.

Next slide. I just want to share, here, that there is another competency around health education. We've already heard a lot about how our role is technical assistance, support, and training. Looking at all the different ways that we can support health education for our staff, for our families, even with our children in the classroom. This is, I always say, this is the fun part of my job. I'm going to pass it over to you, Kim and the next slide.

Kim: Great. Thank you, Jen. Those were fun scenarios to do together. Keep paying attention to folks' comments in the chat. They really had some good feedback there. Ongoing professional development, I know we had a couple of questions. I know we shared some things along the way. But to be a resource that's most helpful to programs, it's really important we stay current, as well, in those best practices.

I'm going to go ahead, if you could just go to the next slide, Olivia, we're not going to do the poll, just for time's sake. But there's lots of places to get ongoing professional development. Take that time to really try and dive in and understand your state system, whether it's your state child care system, perhaps your child care subsidy program, your QRIS program, training programs, county-based programs, perhaps school-based programs, to look for different resources that may be available that's happening within your state.

There's also national professional development that you can get from the Office of Head Start, the Office of Child Care. Those of you that are related to a school district, or perhaps your program is in a school district, you may have a very good relationship with the school where you can jump in and get some support for professional development from those places, as well.

If you can go to the next slide, if you can pop that poll up. I know we're starting to run short on time, but if you can launch that poll. We do have a lot of resources on the Early Childhood Learning and Knowledge Center, which is really the clearinghouse for the National Center on Health, Behavioral Health, and Safety. Check out the list here in the poll. These are a bunch of resources we have on the ECLKC, which are free and fully accessible to you for your own personal growth and professional development.

Someone's asking, how do I become a health consultant? I would go to that National Center on Early Childhood Quality Assurance. Hopefully I got all that right, the slide of that Mercedes went over that showed all the different states and the different systems where health consultation may be included.

I think that's a great place to start. As you look at the regulations, you look at QRIS, you look at some of those different systems, and find out what's going on in your state. Then find out if there's training. There may be a health manager network group with a Head Start that you could join. There might be school nurses that do early childhood that you could join.

There may even be child care health consultants in your state where you can join and learn from them. You can go ahead and show the results of that poll. Thank you. You guys have been coming to the webinars. Next slide. Next slide, please. The child care health consultant webinars are quarterly webinars, please continue to check in on them. We do record them and post them to the ECLKC.

I also see that 46% of you join the MyPeers Community, which is a national kind of networking space where you can join together. This is the CCHC page. On the ECLKC, you can see the first resource I'm showing is a skill building modules. These are the modules that Jennifer just went through. And really encourage you to take a look at them.

You can also see in the bottom right hand corner, is the link to all of our past webinars. We'll continue to do these webinars as we march along here. Next slide. This just has all the skill building modules. You can see that there are six of them. You can dive into them, specifically. I guess the last one had the competencies on them, as well, just as you're looking at your slide deck.

I know a lot of folks have asked about the links. You can get links on the PDF of the slide deck, as well as that nice resource handout they gave you. I wanted Mercedes to just highlight MyPeers.

Mercedes: Hi, everyone. Sorry, I was answering questions in the Q&A, trying to get everybody's questions answered before we go. Please, please join us on MyPeers. It's a social network where we can all discuss and share ideas. I was going to say nothing's moderated, but it's moderated to an extent, but it's open to being a free-flowing conversation between all of us as child care health consultants you can join.

You can join other communities, where like our health and safety community, and really learn from those communities, bring resources to the child care health consultant communities, pose questions, pose polls, things like that. It's really a way for us all to learn from each other and learn about what's going on in our regions and the different states. And you can cross-collaborate with other mental health professionals.

Everyone that's in the early child care education setting is in MyPeers and some community one way or another. It's a great way for us to share resources.

Kim: That's what's so fun about it is that health and safety doesn't change if you're on the East Coast, the West Coast, or the South, right? How do you wash your hands, how you diaper, how you solve some common health and safety problems. It's a great place to network. You can kind of feel like you're on an island out there all by yourself doing this work as the only health person in the program.

This is really a way to connect. Mercedes does a great job in that community. You'll see her name pop up all over the place as she shares things in there. If you're new to health consultation, or you're just looking to connect to others, it's also another great place to start. Next slide, please.

We just like to always just highlight two other resources that should be on your shelf as a health consultant. There's lots of good information in there. This is the Caring for Our Children online database. It's those National Health and Safety Standards, but they are evidence-based. You talk about a treasure trove of information. You could spend days and weeks, probably, in that resource, but such a great place to start from.

The next slide. Oh sorry, I'm going too fast. That's Caring for Our Children. Then the next slide is the Model Child Care, Health Policies. This tool hasn't been updated in a number of years, but is

still really relevant. It has those fill-in-the-blank type policies all drawn from best practices. Next slide.

Putting it all together, as a new consultant, get to know those regulations and standards that guide your practice. Know your own professional license and the intersection with child care regulations. Work with programs, alongside, learn from the programs about what they're doing and why they're doing it. Then try and provide support from that place.

Seek out peers. Seek out those opportunities for ongoing professional development. Next slide. Please be sure to stay in touch with all of us by joining us in our Quarterly Webinar Series where you can continue to connect with each other in the chat and through Q&A.

I know that was really a quick ending there, Mercedes. I don't know if there's one really important question.

Mercedes: Sorry, I was muted. I think this one is good. Is there any movement towards standardized training for child care health consultants throughout the US?

I know we've emphasized a lot that you should look to your state for regulations and the requirements of child care health consultants, but please utilize ECLKC, the ECLKC, for that we put up trainings, we put up webinars. A lot of what we're saying can be carried across the board, nationally. Health and safety could be, a lot of the different policies and procedures could be national, but right now, it's best to look at what your state and local and tribal requirements are to know what trainings are required.

Kim: Thank you. With that, I'm going to say, thank you. Thank you to Jennifer and Mercedes for this great session today. I know we're over time. I'm going to pass it to Nydia.

Nydia: Thank you so much. Thank you to our speakers, Kim Clear-Sandor, Mercedes Gutierrez, and Jennifer Lipman, for today's very important information. If you have more questions, go to MyPeers or write to help@ecepta.info. The evaluation will appear when the webinar ends. Do not close the Zoom platform or you won't see the evaluation pop up. Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificate. You can also subscribe to our monthly list of resources using the same URL.

You can find our resources in the health section of ECLKC or write us again, at help.ecepta.info. Thank you, again, to our presenters and to everyone backstage. Thank you all to the participants for your participation today. You can go ahead and close the Zoom platform.